



Medi-Cal What It Means to You

For persons moving from a local Low Income Health Program (LIHP) to Medi-Cal in January 2014

What is Medi-Cal?

Medi-Cal is California's version of the federal Medicaid program. Medi-Cal offers no-cost and low-cost health insurance to those individuals living in California that meet the eligibility requirements. Under the federal Affordable Care Act (ACA), Medi-Cal coverage will be expanded and up to two million new people just like you will be eligible for Medi-Cal in 2014.

Your local county social services office manages most Medi-Cal cases. You can contact your county social services office by using the enclosed County Contact list or online at www.benefitscal.com.

You are eligible for Medi-Cal benefits regardless of sex, race, religion, color, national origin, sexual orientation, marital status, age, disability, or veteran status.

Is Medi-Cal changing how someone qualifies to receive benefits?

Yes. Medi-Cal eligibility is now simpler than ever. Medi-Cal is extending eligibility to childless adults, 19 to 64 years of age, whose income is at or below 133 percent of the federal poverty level (\$15,281 for an individual in 2013) and who are citizens or legal immigrants. To qualify for Medi-Cal, an individual must be a California resident and have income at or below the allowable income limits. For most individuals, Medi-Cal eligibility will be based on household size and income. Medi-Cal will also attempt to verify information electronically so someone may be found eligible for benefits without ever having to provide paper verifications.

Why am I moving to Medi-Cal now?

Because you were enrolled in your local LIHP, you are automatically eligible for and will be enrolled into no-cost Medi-Cal effective January 1, 2014.

You do not need to do anything until you receive a request to complete an annual redetermination. If you have a change in family size, income, or address, tell your county social services office within 10 days using the contact information on the list in this packet.

Do I need to apply for coverage through Covered California?

No, the Department of Health Care Services (DHCS) will automatically enroll you into the Medi-Cal program as a former LIHP participant.

Would I get different health insurance if I apply using the Covered California application I hear about?

No, you do not need to apply for coverage through Covered California now because you will be moved to Medi-Cal automatically. However, if your income changes during the year or at your annual renewal, you may qualify for other health insurance and premium assistance through Covered California. Medi-Cal and Covered California work together to make sure Californians have the most affordable health coverage.

What health coverage is available through Medi-Cal?

Medi-Cal offers a comprehensive set of benefits known as "essential health benefits". Some of the essential health benefits consist of:

- Ambulatory Patient Services
- Emergency Services
- Hospitalization
- Maternity and Newborn Care
- Mental Health and Substance Use Disorder Services
- Prescription Drugs
- Rehabilitation and Habilitative Services and Devices
- Laboratory Services
- Preventative and Wellness Services and Chronic Disease Management
- Pediatric Services, Including Oral and Vision Care.

Medi-Cal will also cover some dental services. Additional dental services will be added to the list of available services by June 2014.

Are there additional services for persons under age 21?

If you are under 21, the Child Health and Disability Prevention (CHDP) program provides regular check-ups and needed immunizations to keep you healthy. CHDP services include regular screening for medical, dental, vision, hearing and mental health service needs. If you need help with an appointment or transportation, the CHDP program in your county can help you. Look for the phone number on your county's website, at www.benefitscal.com or under county government in your local phone book.

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program provides extra Medi-Cal services if you are under 21 and have full scope Medi-Cal. EPSDT services correct or improve medical, dental, or mental health needs. You may get the extra services if you and your doctor, health care provider, clinic, county CHDP or county mental health department agree that you need them. You can ask for services as often as you think you need them.

If you have severe emotional problems, contact your county mental health department. Look on your county's website or in the government section of your phone book under the Department of Mental Health. If you cannot reach the county mental health department, call the State mental health ombudsman toll-free at 1-800-896-4042.

If you, your doctor or dentist think that health services, which are not usually covered by Medi-Cal, may be needed, you should talk to:

- Your local county CHDP Program
- Your Managed Care Plan
- Your County Mental Health Department

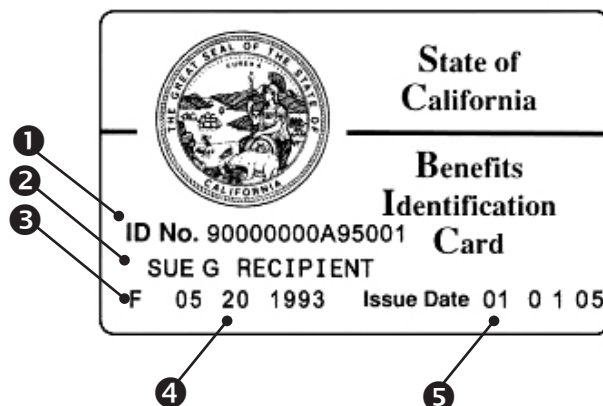
Or ask your doctor or dentist to contact:

- Your local Medi-Cal Field Office, or
- The California Children's Services program

What is the Medi-Cal identification card?

Medi-Cal mails plastic Benefits Identification Cards (BICs) to all beneficiaries. The 14 numbers and letters on your card identify you. Your health care

providers need your BIC to provide services and to bill Medi-Cal. A BIC looks like this:



Actual card size = 3-1/8"x 2-3/8"; white card with blue letters on front, black letters on back. Beneficiary Information on face of card:

- 1 Your ID Number
(a 14 character Identification number)
- 2 Your name
- 3 Gender Code (male or female)
- 4 Date of Birth
- 5 Date card was issued to you

If the card you got in the mail has wrong information on it, contact your county social services office.

If you did not receive your BIC or it is lost or stolen, you may ask for a BIC from your county social services office. If your BIC is stolen, you must tell your local police and your county social services office. You should give as much information about the theft as possible. If you are issued a new card, your old card will no longer be valid.

How does Medi-Cal Managed Care work with my healthcare providers?

The Medi-Cal Managed Care program contracts with a health plan to provide services for you in an organized and coordinated manner. The managed care plan must directly give, or arrange for, all Medi-Cal services to you.

Which providers do I go to when I move to Medi-Cal?

You must use the plan providers and clinics unless emergency care is needed.

What should I do if I have questions about my managed health plan?

You will be enrolled in a managed health plan. You will receive information and a new benefits card from your plan in a few weeks. Contact your plan (their number will be on the back of the health plan card) or Health Care Options (HCO) at 1-800-430-4263 for more information about your health plan.

What if I disagree with decisions about my Medi-Cal eligibility or benefits?

You have the right to ask for a State hearing if you do not agree with a county or State action or inaction about your application for Medi-Cal, changes to your Medi-Cal eligibility, or denial of a health benefit.

You will get a Notice of Action (NOA) that tells you the county or State decision about your Medi-Cal eligibility.

If you disagree with a county or State decision, you can talk to your county eligibility worker and/or request a State hearing. You must request the State hearing within 90 days from when the NOA was mailed or given to you. If you do not receive a NOA, you must ask for a State hearing within 90 days from the date on which you found out about the action you disagree with.

If you ask for a State hearing before the effective date of the action, you may continue to get the same Medi-Cal benefits until the hearing decision. Your benefits may stop or be lowered if you cancel your request for a State hearing.

You may ask for a State hearing through the county social services office or the California Department of Social Services. On the back of the NOA, you will find out how you can request a State hearing and where to send your request. If you do not have a NOA, you can call or write to:

**California Department of Social Services
Public Inquiry and Response**
PO Box 944243, M.S. 19-37
Sacramento, CA 94244-2430
1-800-952-5253, 1-800-952-8349 TDD

You must go to the State hearing or give written notice for someone to go in your place and represent you.

You or your representative can read the regulations about the Medi-Cal program and most of the facts in your case. Call your county social services office to arrange for this review. Help is available in your language.

At the State hearing, you may bring witnesses that know the facts about your case. You may ask questions of the county representative or any county or State witness.

Discrimination: If you believe a decision about your right to get Medi-Cal benefits was unfairly made because of your sex, race, religion, color, national origin, sexual orientation, marital status, age, disability or veteran's status, you may file a written or telephone complaint with:

**Department of Health Care Services
Office of Civil Rights**
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370, (916) 440-7399 TTY
or (916) 440-7395 (FAX)

Your complaint of discrimination will be investigated.

What are my rights and responsibilities as a Medi-Cal beneficiary?

You have certain rights and responsibilities as a Medi-Cal beneficiary. You can find the most up to date list of your rights and responsibilities here:

<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc%20219.pdf>

<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/MEB%20Translated%20Forms/MC%20219%20Sp.pdf> (Spanish Version)

What is Medi-Cal fraud?

If you are getting treatment from more than one doctor or dentist, you should tell each doctor/dentist about the other doctor(s)/dentist(s) giving care to you.

It is your responsibility not to improperly use your Medi-Cal benefits. It is a crime to:

- allow others to use your Medi-Cal benefits, and
- get drugs through false statements.

It is a crime for you to sell or lend your BIC to any person or furnish your BIC to anyone other than your provider of services as required under Medi-Cal guidelines.

Misuse of BIC/Medi-Cal benefits is a crime that could result in administrative action or criminal prosecution.

If you suspect someone of misusing Medi-Cal benefits, you may make a confidential report to: 1-800-822-6222 (toll-free).

Can Medi-Cal help me if I am out of State?

Take your BIC or proof of enrollment in a Medi-Cal health care plan with you when you travel outside California. Medi-Cal can help in limited situations; for example, in an emergency due to accident, injury, or severe illness, or when your health would be endangered by postponing treatment until you return to California. Medi-Cal must first approve any out-of-state in-patient medical services before you get the service. You will be responsible for medical costs for services you got out-of-state if the medical provider is not a Medi-Cal provider or does not wish to become a Medi-Cal provider.

The provider should first verify eligibility by contacting the fiscal intermediary at (916) 636-1960. The provider may get information on coverage, authorization and billing procedures by contacting the following:

Medical Services Department of Health Care Services

Medi-Cal Field Office
P.O. Box 193704
San Francisco CA 95670-3704
(415) 904-9600

Dental Services Denti-Cal

California Medi-Cal Dental Program
PO Box 15539
Sacramento, CA 95852-1539
1-800-423-0507

If you live near the California state line and use doctors or other providers of medical service in the other state, some of these restrictions do not apply. However, medical services in Mexico or Canada are not covered except for emergency hospitalization.

You will not get Medi-Cal if you move out of California. You may apply for Medicaid in the state in which you live.